



CRS DESIGNATION APPLICATION

Send completed form to: Council of Residential Specialists Phone: 312.321.4400
Remitir el formulario cumplimentado a: 430 N. Michigan Ave Fax: 312.329.8551
 Chicago, IL 60611 Email: info@crslatam.com

Please Print or Type (and attach a business card)
Por favor use mayúsculas (y adjunte tarjeta profesional)

Name / *Nombre* _____

Member # / *Empresa* _____

- I declare that I maintain my membership in good standing in the Residential Real Estate Council, including the payment of annual dues.
Declaro ser miembro en vigor de CRS, estando al corriente de pago de las cuotas anuales
 - I am also an International REALTOR® Member and a member of the national professional association
Soy asimismo un REALTOR® Internacional IRM y miembro de la asociación profesional nacional
-
- I am entitled to the CRS designation, having completed the following requirements that I declare to be
Cumplo los requisitos exigidos para la obtención de acuerdos con la siguiente declaración de la que doy fe

CORE REQUIREMENTS.-

REQUISITOS PRINCIPALES

MODULE A.- BUSINESS PLANNING	DATE/FECHA _____	AT/EN _____	↳
MODULE B.- MARKETING	DATE/FECHA _____	AT/EN _____	↳
MODULE C.- NEGOTIATION	DATE/FECHA _____	AT/EN _____	↳
MODULE D.- WORKING WITH CLIENTS	DATE/FECHA _____	AT/EN _____	↳

PRODUCTION REQUIREMENTS

REQUISITOS DE PRODUCCIÓN

For Agents

Number of completed transactions _____
 Total amount of sales conducted in \$ _____

Para Comerciales

_____ Total de transacciones realizadas en 4 años
 _____ Total Precio de transacciones en US\$

For Brokers

Number of supervised transactions _____
 Total amount of sales supervised in \$ _____
 Years of RE Management experience _____

Para Gerentes

_____ Total de transacciones realizadas en 4 años
 _____ Total precio de ventas realizadas en US\$
 _____ Total Años de experiencia como manager

ELECTIVE REQUIREMENT

REQUISITOS OPCIONALES

Attendance at CRS Sell-a-bration	_____	Asistencia a Sell-a-bration	(1)
Additional CRS Courses at Sell-a-bration	_____	Cursos en Sell-a-bration	(2)
Years of experience	_____	Años de experiencia profesional	(3)
Bachelors Degree	_____	Titulación Universitaria	(4)
Transnational Referral Certification Program	_____	Programa Transnational Referral de ICREA	(5)
Other Approved Courses Completed	_____	Otros cursos realizados	(6)

Courses and Dates: (Cursos y Fechas) _____

Use a separate page for additional courses (Use una página adicional para más cursos)

AGREEMENT OF APPLICANT / ACEPTACIÓN DEL TITULAR

In making this application, and in consideration of joining the Council of Residential Specialists, I understand and agree to the following:

Al cumplimentar el presente formulario, con el objeto de solicitar mi adhesión al Council of Residential Specialists, entiendo y acepto los siguientes extremos:

1. I also understand that once I am awarded the CRS Designation, I must maintain my membership in good standing in the Council of Residential Specialists, including the payment of annual dues, to continue to hold and use the CRS Designation.

Asumo que una vez que me sea concedida la Designación CRS, para mantener mi pertenencia como miembro activo en el Council of Residential Specialists, me comprometo al pago de la cuota anual, para poder seguir usando la citada Designación.

2. I irrevocably waive any claim or causal action of law or equity that I may have in the future against the Council of Residential Specialists, its Board of Directors, officers, committee members, chapter members, employees or other persons cooperating with the Council of Residential Specialists either as a group or individuals, for any act or failure to act in conjunction with my membership or the business of the Council of Residential Specialists.

Renuncio de forma irrevocable a cualquier demanda o acción judicial futura contra el Council of Residential Specialists, su Comité de Dirección, sus miembros directivos, los miembros de sus comités, empleados, u otras personas que cooperen con el Council of Residential Specialists ya sea de forma colectiva o individual, por cualquier acción u omisión relacionada con mi pertenencia o con los asuntos propios del Council of Residential Specialists.

3. If admitted to membership in the Council, I agree to abide by the Bylaws and Regulations as they currently exist and as they may be amended in the future by the Council, as well as such policies and procedures as the Council of Residential Specialists may promulgate from time to time.

En el caso de ser admitido como miembro de CRS, acepto someterme a las normas y reglamentos actuales de la organización y sus modificaciones que en el futuro realice su Consejo, así como las políticas y procedimientos que el Council of Residential Specialists promulgue en su momento.

Signature / Firma _____ Date / Fecha _____

This section to be completed by CRS LatAm / RRC officers
Esta sección para ser rellena por CRS Latam / RRC

CRS LATAM, ACTING AS SPAIN AFFILIATE PARTNER OF CRS, HAS REVIEWED THE INFORMATION PROVIDED, HAS FOUND IT TRUE TO THE BEST OF ITS KNOWLEDGE, AND RECOMMENDS THAT RRC DESIGNATES

A CERTIFIED RESIDENTIAL SPECIALIST

**SIGNATURE:
DATE:**

THE RESIDENTIAL REAL ESTATE COUNCIL DESIGNATES

A CERTIFIED RESIDENTIAL SPECIALIST

**SIGNATURE:
DATE:**